

Before the  
STATE OF RHODE ISLAND  
COMMISSION FOR HUMAN RIGHTS  
180 Westminister Street, Third Floor  
Providence, RI 02903  
401-222-2661 TDD# 401-222-2664

**DISCRIMINATION QUESTIONNAIRE**

Please fill out this form as completely as possible and return it to the Commission at the above address. You will be contacted regarding the filing of a formal charge if your situation comes under our jurisdiction. PLEASE NOTE: this is **not** a formal charge of discrimination. Please type or print your answers clearly. **PLEASE BE ADVISED THAT IF QUESTION NUMBER 7 IS NOT ANSWERED COMPLETELY, THE COMMISSION CANNOT PROCESS YOUR CHARGE.**

Indicate Mr./Mrs./Ms. \_\_\_\_\_ Date \_\_\_\_\_

1. Name \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone(including area code) Home: \_\_\_\_\_ Work: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. Who are you filing against? ☐ Company ☐ Union ☐ Employment Agency ☐ State/City ☐ Other  
Government

Name \_\_\_\_\_

Address \_\_\_\_\_

Name of individual (at company)  
who discriminated against you, if applicable \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company President \_\_\_\_\_

Telephone (include area code) \_\_\_\_\_

3. Approximate number of employees at the above named company \_\_\_\_\_

4. Are you now employed by the company above? ☐ Yes ☐ No

If yes, specify your current position \_\_\_\_\_

If no, specify the position you held or sought \_\_\_\_\_

5. **CAUSE OF ALLEGED DISCRIMINATION** (circle cause (s)) RACE COLOR RELIGION

SEX ANCESTRAL ORIGIN PHYSICAL DISABILITY MENTAL DISABILITY

AGE(40-above) SEXUAL ORIENTATION GENDER INDENTITY OR EXPRESSION

Specify cause circled \_\_\_\_\_

Example: if you circled race indicate you race, etc.

6. Please check the alleged discriminatory action/condition:

☐ Refusal to Hire ☐ Termination/Discharge ☐ Denial of Promotion ☐ Layoff ☐ Unequal Pay

☐ Discriminatory Work Environment ☐ Discriminatory Treatment ☐ Maternity ☐ Demotion

☐ Sex Harassment ☐ Reasonable Accommodation ☐ Other (indicate) \_\_\_\_\_

**7. Please explain (on a separate paper) what action was taken against you that you believe to be discriminatory. Were other persons treated differently than you? What harm, if any, was caused to you as a result of that action? Please include all relevant names and dates. If you have any documents concerning the situation, please attach copies to your statement.**

8. Please specify the date(s) the alleged harm took place \_\_\_\_\_

9. Have you sought any assistance about the action you think was discriminatory from any other government agency, union or any other source?

☐ Yes ☐ No If yes, indicate:

Name of source of assistance \_\_\_\_\_

Result if any \_\_\_\_\_

10. Have you sought the assistance of a lawyer? ☐ Yes ☐ No

If yes, indicate: Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

11. Please provide the name of a person not living at your address who is in the local area and who would know how to reach you

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

**Please note: if you have a disability and need a reasonable accommodation in order to complete this form, please notify the Commission**

### FOR OFFICE USE ONLY – DO NOT COMPLETE

SEND NOTICES TO:

A) Agent For service \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

B) Corporate Headquarters \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

C) Other \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_